

AMENDMENTS TO THE CLAIMS

The listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1-23. (Canceled)

24. (Original) A computer program product for implementing a method of interactively preparing an insurance claim that is in condition to be paid, the insurance claim being prepared prior to a health care provider performing health care services that are the subject of the insurance claim, wherein the method is capable of being performed on a client computer that communicates with a remote server computer, the computer program product comprising:

a computer-readable medium carrying computer-executable instructions for implementing the method, the computer-executable instructions comprising:

program code means for displaying a computer-displayable claim form to a health care provider;

program code means for initiating transmission of a proposed insurance claim that includes a diagnosis code and a treatment code from the client computer to the remote server computer prior to the health care provider performing the health care services;

program code means for receiving, from the remote server computer and prior to the health care provider performing the health care services, information indicating whether the proposed insurance claim is in condition to be paid; and

program code means for initiating transmission of a revised proposed insurance claim, prior to the health care provider performing the health care services, if it has been determined that the proposed insurance claim is not in condition for allowance, wherein the revised proposed insurance claim includes at least one of a revised diagnosis code and a revised treatment code.

25. (Original) A computer program product as defined in claim 24, wherein the computer-executable instructions further comprise program code means for prompting the health care provider to revise at least one of the diagnosis code and the treatment code prior to the health care provider performing the health care services and in response to information received from the remote server computer indicating that the proposed insurance claim is not in condition to be paid.

26. (Original) A computer program product as defined in claim 24, wherein the program code means for initiating transmission of the proposed insurance claim comprises program code means for communicating with the remote server via the Internet.

27. (Original) A computer program product as defined in claim 26, wherein the program code means for communicating with the remote server via the Internet operate so as to maintain communication with the remote server during a time period between the transmission of the proposed insurance claim and the receipt of the information from the remote server computer.

28. (Previously Presented) A computer program product for implementing, in a server system that communicates with a client system, a method of informing a health care provider who uses the client computer whether an insurance claim represents health care services approved for payment prior to the health care provider performing the health care services, the computer program product comprising:

a computer-readable medium carrying computer-executable instructions for implementing the method, the computer-executable instructions comprising:

program code means for receiving a proposed insurance claim that includes a treatment code and a diagnosis code from the client computer, the treatment code and diagnosis code having been entered to the client computer by a health care provider prior to the health care provider performing health care services;

program code means for determining whether the proposed insurance claim is in condition to be paid, including performing the act of determining whether the treatment code and the diagnosis code correspond to health care services that are approved for payment;

program code means for initiating transmission of information to the client computer prior to the health care provider performing the health care services, the information indicating to the health care provider whether the proposed insurance claim is in condition to be paid;

program code means for performing, if the information indicates that the proposed insurance claim is not in condition to be paid, the acts of:

receiving a revised proposed insurance claim that includes at least one of a revised diagnosis code and a revised treatment code; and

program code means for determining whether the revised proposed insurance claim is in condition to be paid.

29. (Original) A computer program product as defined in claim 28, wherein the computer-executable instructions further comprise program code means for initiating transmission of a computer-displayable claim form to the client computer, the claim form including fields for accepting the treatment code and the diagnosis code.

30. (Previously Presented) A computer program product as defined in claim 28, wherein the computer-executable instructions further comprise:

program code means for receiving patient identification information from the client computer, the patient identification information identifying a patient of the health care provider;

program code means for determining whether the patient is a beneficiary of a health insurance plan; and

program code means for initiating transmission of data to the client computer indicating whether the patient is a beneficiary of a health insurance plan prior to the health care provider performing the health care services for the patient.

31. (Original) A computer program product as defined in claim 30, wherein the program code means for receiving patient identification information and the program code means for initiating transmission of data operate by communicating with the client computer via the Internet.

32. (Original) A computer program product as defined in claim 31, wherein the computer-executable instructions further comprise program code means for maintaining communication with the client computer during a time period between the receipt of the proposed insurance claim and the transmission of the information to the client computer.

33. (Original) A method as defined in claim 28, wherein the act of determining whether the proposed insurance claim is in condition to be paid comprises the act of determining that the treatment code and the diagnosis code do not correspond to health care services that are approved for payment.

34. (Original) A method as defined in claim 33, further comprising the acts of:
identifying, by the server system, the revised treatment code that, with said diagnosis code, correspond to health care services that are approved for payment; and
prior to the health care provider performing health care services, transmitting the revised treatment code to the client computer, such that the treatment associated with the revised treatment code can be included in the health care services when the health care services are performed by the health care provider.

35. (Original) A method as defined in claim 33, further comprising the acts of:
receiving the revised treatment code from the client computer, the revised treatment code having been entered to the client computer by a health care provider;
determining that the diagnosis code and the revised treatment code correspond to health care services that are approved for payment; and
prior to the health care provider performing the health care services, transmitting to the client computer information indicating to the health care provider that the diagnosis code and the revised treatment code correspond to health care services that are approved for payment.